a1' cont

Figure 39 illustrates the respiratory isolation decision support algorithm.

Figure 40 illustrates the empiric meningitis treatment decision support algorithm.

Figure 41 illustrates the ventilator weaning decision support algorithm.

Figure 41A illustrates the ventilator weaning decision support algorithm (cont).

Figure 42 illustrates the warfarin dosing decision support algorithm.

Figure 43 illustrates the HIT-2 diagnostic decision support algorithm. --

Please replace the last paragraph of page 90 as follows:

a2

-- Referring to **Figure 35**, the assessment of sedation algorithm of the present invention is illustrated. If an intensivist encounters a need for sedation, he may not be certain of all of the aspects and the timelines that are critical to this particular process. Therefore, the intensivist is lead through a decision support algorithm, which prompts the intensivist to address a number of factors in the process **3100**.--

Please replace the second paragraph of page 92 as follows:

a3

-- Referring now to **Figure 35A**, the sedation assessment algorithm description continues. The intensivist is prompted then to continue the sedation assessment by moving to the Pain Assessment section of the algorithm **3116**. --

Please replace the first full paragraph of page 93 as follows:

a4

-- Referring to **Figure 36**, the Bolus sliding scale algorithm is illustrated. If an intensivist encounters a need for sedation, the algorithm for which may contain a reference to the bolus

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94 cont. sliding scale for midazolam, he may not be certain of all of the aspects which are critical to this scale. Therefore, the intensivist is lead through a decision support algorithm, which prompts the intensivist through the use of the scale **3200**. --

Please replace the fifth full paragraph of page 93 as follows:

95 -- Yet another decision support routine is the sedation algorithm. Referring to **Figure 37**, the sedation process decision support algorithm is illustrated. If an intensivist determines that a patient will require sedation, the intensivist may not be certain of all aspects that would be involved in this particular process. Therefore, the intensivist is lead through a decision support algorithm, which prompts the intensivist to conduct a sedation assessment based on: 1) scoring; 2) pain; and 3) delirium (see Assessment of Sedation algorithm) **3300**. --

Please replace the first and second full paragraphs of page 94 as follows:

96 -- If the intensivist determines that the patient is delirious **3304**, he is prompted to administer droperidol 2.5-5 mg q30min prn and that he may consider IV Haldol not to exceed 30mg/24hr **3326**. If the patient is not delirious or after following the procedures in **3326**, the intensivist is prompted to determine whether the patient will need sedation for more than the next 24 hours **3306**. If the patient will not need sedation for more than the next 24 hours **3306**, the process continues as described in **Figure 38**.

Alternatively, if the patient will need sedation for more than the next 24 hours **3306**, the intensivist is prompted to determine whether the sedation score is 8-10 **3308**. If this criteria is met, the intensivist is prompted to employ the Bolus sliding scale midazolam and increase

114

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a6 cont

lorazepam by 20 percent **3328** (see Bolus sliding scale midazolam algorithm – **Figure 36**). Subsequently, the intensivist is prompted to reassess sedation in 4 hr **3330**. --

Please replace the paragraph spanning pages 95-96 as follows:

a7

-- Referring to **Figure 38**, the short term sedation process decision support algorithm of the present invention is illustrated. If an intensivist determines that a patient will not require sedation past the next 24 hour period, the intensivist may not be certain of all aspects that would be involved in this particular process. Therefore, the intensivist is lead through a decision support algorithm, which prompts the intensivist to conduct a sedation assessment based on: 1) scoring; 2) pain; and 3) delirium (see Assessment of Sedation algorithm) **3100**. --

Please replace first full the paragraph of page 98 as follows:

a8

-- Referring to **Figure 39**, the respiratory isolation decision support algorithm is illustrated. If an intensivist determines that there may be a need for respiratory isolation, the intensivist may not be certain of all aspects that would be involved in this process. Therefore, the intensivist is lead through a decision support algorithm which prompts the intensivist to determine the need for respiratory isolation based upon: a) clinical assessment; and/or b) smear/culture findings **3500**. --

Please replace the first full paragraph of page 100 as follows:

a9

-- Referring to **Figure 40**, the empiric meningitis treatment decision support algorithm of the present invention is illustrated. If the intensivist is treating a patient for meningitis, the

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a9 cont

intensivist is prompted to answer a series of queries by the system to properly address medication and dosage. First, the intensivist is prompted to determine whether the patient has suffered a head trauma or undergone neurosurgery **3700**. The answer to this question is input 1 to **table x** below. The intensivist is next prompted to determine whether the patient is allergic to penicillin or is from an area where penicillin resistant staphylococcus pneumoniae is prevalent **3702**. The answer to this question becomes input 2 to **table x** below. The intensivist must also determine whether the patient is immunocompromised **3704**, and the answer becomes input 3 to **table x** below. The intensivist determines if the patient is over fifty years of age **3706**, with the answer being input 4 in **table x** below. Lastly, the intensivist is prompted to determine whether the patient has altered mental status **3708,** and the answer becomes input 5 in **table x** below. The inputs to each of these prompts **3702, 3704, 3706, 3708** is compared to a dosage database according to the **Table 5** below. --

Please replace the paragraph spanning pages 101-102 as follows:

a10

-- Referring to **Figure 41**, the ventilator weaning decision support algorithm of the present invention is illustrated. The ventilator weaning decision support algorithm is used to determine whether an intensive care unit patient can return to breathing unassisted, and discontinue use of a ventilator. Such a determination requires evaluation of the patient by the intensivist over the course of several days. --

Please replace the paragraph spanning pages 103-104 as follows:

a11

-- Referring to **Figure 41A,** the ventilator weaning decision support algorithm of the present invention is further illustrated. The intensivist, at his or her discretion may choose

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a11 cont

either T-piece progressive weaning or pressure support progressive weaning. In order to perform T-piece progressive weaning, the intensivist is directed to repeat the trial of spontaneous breathing (as previously described **3810**). The intensivist can either insert a T-piece in the patient's airway or reduce the patient's CPAP to less than or equal to 5 over the course of two hours. The intensivist is prompted to perform periodic assessment of the patient by either a two hour or 30 minute trial **3820**. --

Please replace the first full paragraph of page 105 as follows:

a12

-- Referring to **Figure 42**, the Warfarin Dosing Algorithm of the present invention is illustrated. The intensivist is first prompted to give the initial dose and determine subsequent dosage each day **3900**. When the intensivist determines subsequent dosage, he is first prompted to determine the patient's target INR **3902**. If the patient's target INR ranges from 2.0 to 3.0, the intensivist is prompted by the system to make further determinations relevant to dosage. The intensivist is directed by the system to determine whether the patient is taking drugs that effect prothrombin time **3904**, the baseline INR value **3906**, and whether rapid anticoagulation is required **3908**. Each answer is assigned a point value, and the total points are tabulated. If the point value is greater than one, the system refers to the 10 milligram load target database for dosing. If the point value is less than one, the system refers to the 5 milligram load target database for dosing **3910**. --

Please replace the first full paragraph of page 107 as follows:

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117

a13

-- Referring to **Figure 43**, the heparin-induced thrombocytopenia (HIT) decision support algorithm of the present invention is illustrated. The intensivist is prompted to observe whether the patient's platelet count has dropped 50% or more over seventy-two hours while being treated with heparin, and whether any other obvious causes of platelet reduction might be present **4100**. If such a drop has not occurred, the intensivist is notified by the system that the patient most likely does not have HIT, but monitoring of the platelet count should continue **4102**. If the patient's platelet count has drastically dropped, the intensivist is prompted to determine whether the patient has been treated with heparin for more than three days **4104**. Regardless of the answer, the intensivist is next prompted to determine if the patient has been treated with heparin in the preceeding three months **4106**. If the patient has not received heparin in the preceeding three months, the intensivist is notified by the system that HIT is not likely to be the cause of the platelet drop. The intensivist is also prompted to monitor platelet count for infection or other thronbocytopenia-causing drugs, and to consider stopping heparin therapy if the platelet count drops below 50,000 per cubic millimeter **4108**. --

<u>In the Drawings:</u>

Please amend the drawing figures in accordance with the attached proposed drawing correction.

<u>In the Claims:</u>

Please amend the claims as follows:

a14

12. (Amended) A method for providing continuous expert critical care comprising: monitoring patients in a plurality of ICU's;

atty claim #12

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